



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

4

Application Number

08/879,827

Filing Date

June 20, 1997

First Named Inventor

Jofuku

Art Unit

1648

Examiner Name

Mary E. Mosher

Attorney Docket Number

023070-067210US

ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Reply to Missing Parts/ Incomplete Application



Reply to Missing Parts under 37 CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a Provisional Application



Power of Attorney, Revocation Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC



Appeal Communication to Board of Appeals and Interferences



Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please identify below):

Return Postcard; Request for Certificate of Correction; PTO-1050

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

Printed name

Kevin Bastian

Date

4-11-2005

Reg. No.

34,774

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Mark T. Davis

Date

4-11-2005

PTO SB/17 (12-04)

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

PTO/SB/17 (12-04)

APR 13 2005

PTO/SB/17 (12-04)

FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	08/879,827
		Filing Date	June 20, 1997
		First Named Inventor	Jofuku
		Examiner Name	Mary E. Mosher
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1648
TOTAL AMOUNT OF PAYMENT (\$ 100		Attorney Docket No.	023070-067210US

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 20-1430
 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
 _____ -20 or HP = _____ x _____ = _____ Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
 _____ -3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	_____
Other: Request for Certificate of Correction	100

SUBMITTED BY

Signature	Registration No. (Attorney/Agent) 34,774	Telephone 415-576-0200
Name (Print/Type) Kevin Bastian		Date 4/11/2005



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

PATENT
Attorney Docket No. 023070-067210US
Client Ref: 1996-170-2

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On April 11, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Mark T. Davis
Mark T. Davis

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

K. Diane Jofuku et al.

Patent No.: 6,846,669 B1

Filed: June 20, 1997

For: METHODS FOR IMPROVING
SEEDS

Examiner: Mary E. Mosher

Art Unit: 1648

REQUEST FOR CERTIFICATE OF
CORRECTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Pursuant to 37 CFR 1.322, Applicant submits a Request for Certificate of Correction per the accompanying form PTO-1050, correcting an omission inadvertently made in the specification. Commissioner is authorized to deduct the fee for this request from deposit account 20-1430, in accordance with the accompanying Fee Transmittal PTO/SB/17.

Respectfully submitted,

Kevin L. Bastain
Kevin L. Bastain
Reg. No. 34,774

04/14/2005 BABRAHA1 00000009 201430 08879827

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KLB:mtd 60464216

(Also Form PTO-1050)

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**

PATENT NO. : 6,846,669 B1
DATED : January 25, 2005
INVENTOR(S) : K. Diane Jofuku et al.

It is certified that error appears in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

In the specification, column 1, beginning at line 8, kindly insert --

This invention was made with Government support under Grant No. GM46309 and GM08132, awarded by the National Institutes of Health. The Government has certain rights in this invention.--

MAILING ADDRESS OF SENDER:

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60464222 v1

PATENT NO. 6,846,669 B1